

Personnel Issues & You



UPPS Newsletter 2002-2

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Local Tax Updates

Effective January 1, 2002, the City of Mt. Olivet will have a 1% city tax. This is in addition to the 1.5% (Robertson) county tax. Employees working in the City of Mt. Olivet will be paying 2.5% total. The local tax code will be 05-89.

Commonwealth Choice

Hunt, Dupree, Rhine and Associates are in the process of mailing confirmation notices to employees enrolled in the Flexible Spending Account Program for Plan Year 2002. Please notify your employees that if they have applied for the FSA Plan for Plan Year 2002 and have not received a confirmation from HDR before January 31, 2002 they should call the OPEHI, Member Services Branch at 1-888-581-8834 to verify that the application has been received in our office. This office will not be able to process applications for Plan Year 2002 after March 1, 2002 unless a qualifying event occurs allowing the employee to make changes.

We are aware that a lot of members are being told by HDR that they are not in their enrollment files. We are working very hard to resolve the problems this has created. Agency coordinators should contact this office as soon as possible to alert us of any problems or changes that may occur.

When processing qualifying events relating to Commonwealth Choice,

please send in the appropriate Change In Status Form. Any qualifying event requires either a Healthcare Change in Status Form or a Dependent Daycare Change in Status Form (or both). Failure to send in the required Change in Status Form will result in delay of processing the qualifying event. Both forms are attached and can be found in Section 5 pages 15 and 16 of the Health Insurance Administration Manual which is available electronically at <http://www.state.ky.us/agencies/personnel/opehi.htm>

If you are processing a qualifying

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event that results in the cancellation of Commonwealth Choice, you MUST call HDR at 1-800-403-2839 and ask to verify the amount of claims paid year to date. Please note that amount on the bottom of the Change in Status Form before sending the status form to the OPEHI. It is recommended that you keep a blank copy of the form and make copies to use throughout the year. The Change in Status Form should be mailed to the OPEHI, Member Services Branch, 200 Fair Oaks Lane, Suite 503, Frankfort KY 40601 ATTN: Susan Popp. Delays in processing the change forms results in problems when claim forms are submitted to HDR.

****REMINDER****

The only qualifying events that allow employees to waive coverage outside Open Enrollment are as follows: spouse gains employment, marriage, divorce, Medicare Eligible, and spouse has different Open Enrollment Period. Becoming Medicare Eligible or spouse having different Open Enrollment period are **NOT** a qualifying event to enroll in a Flexible Spending Account.

Update on the Employee Self Service System

The Personnel Cabinet needs your help! As more and more employees are using the Kentucky employee self-service system (often referred to as KESS or Click HR) other employees are getting interested in the program. The problem is that for what ever reason, a lot of employees have misplaced their User ID's and Passwords. The Personnel Cabinet and GOT have worked out an arrangement where employees who need to have their Passwords re-set can do so by following the steps below. New employees should receive their User ID's and Passwords around the end of the second month of their hire date. Just to refresh everyone's memory, the User ID is created by using the first character of the employee's first name, the first three characters of their last name and the last four characters of their social security number. The Password is computer generated and no one other than the employee who receives it knows what it is. There has been some confusion with Passwords that contain the lower case "L". If they have a Password that isn't working, ask they to try making the one (1) a lower case L.

The procedure to follow if an employee has lost, misplaced, or doesn't remember ever getting a User ID and Password for the KESS system is as follows:

If the employee has a state e-mail address, they may e-mail the GOT Help Desk and request that their Password be reset (They must use their state e-mail address, not their personal one). E-mails should be sent to: Clickhrhelp@mail.state.ky.us. In their e-mail to the Help Desk they should give their first and last name (some employees go by nick names or middle names) and the last four characters of their social security number (not their whole number, just the last four numbers), and a phone number where they can be reached. We also request that the employee include a "secret word" or phrase so that the Help Desk can verify that they are speaking to the correct person.

The GOT Help Desk will use their User ID to re-establish a password for them and will call the employee back with the information. For extra security, the employee may want to include a code word in their e-mail to assist the Help Desk in verifying that they are talking to the right person.

If the employee does not have a state e-mail address and is accessing the KESS system from their home or other location, and they need their password re-set, they will need to notify (**this is where you come in**) either their Agency Personnel Administrator, Agency Payroll Officer, or their Agency Security Officer. You will need to e-mail the GOT Help Desk at the address above with the same information mentioned in # 1. The Help Desk will call the employee back directly but for security reasons, you will have to initiate the request.

If you have a new employee who has been on the payroll at least two months and they have not received a User ID and Password you should send an e-mail to Connie Page. She will investigate the situation and either set up the employee or explain the situation to you. Her e-mail address is: Connie.Page@mail.state.ky.us.

Salaries for Re-entrance to State Employment

Please note that the tables below refer only to the maximum salary that may be assigned on **appointment or reinstatement of former employees**.

For Use in calculating Maximum Salary on Appointment, Reinstatement Of Former Employees		
37.5 Hour Maximum	Grade	40 Hour Maximum
\$9.010 \$1,464.14 \$17,569.68	3	\$9.010 \$1,561.72 \$18,740.64
\$9.910 \$1,610.38 \$19,324.56	4	\$9.910 \$1,717.72 \$20,612.64
\$10.902 \$1,771.60 \$21,259.20	5	\$10.902 \$1,889.68 \$22,676.16
\$11.992 \$1,948.70 \$23,384.40	6	\$11.992 \$2,078.62 \$24,943.44
\$13.190 \$2,143.40 \$25,720.80	7	\$13.190 \$2,286.26 \$27,435.12
\$14.510 \$2,357.88 \$28,294.56	8	\$14.510 \$2,515.08 \$30,180.96
\$15.961 \$2,593.68 \$31,124.16	9	\$15.961 \$2,766.60 \$33,199.20
\$17.558 \$2,853.18 \$34,238.16	10	\$17.558 \$3,043.38 \$36,520.56
\$19.313 \$3,138.36 \$37,660.32	11	\$19.313 \$3,347.58 \$40,170.96
\$21.244 \$3,452.16 \$41,425.92	12	\$21.244 \$3,682.28 \$44,187.36

For Use in calculating Maximum Salary on Appointment, Reinstatement Of Former Employees		
37.5 Hour Maximum	Grade	40 Hour Maximum
\$23.552 \$3,827.22 \$45,926.64	13	\$23.552 \$4,082.36 \$48,988.32
\$25.706 \$4,177.24 \$50,126.88	14	\$25.706 \$4,455.72 \$53,468.64
\$28.277 \$4,595.02 \$55,140.24	15	\$28.277 \$4,901.36 \$58,816.32
\$31.105 \$5,054.58 \$60,654.96	16	\$31.105 \$5,391.56 \$64,698.72
\$34.214 \$5,559.78 \$66,717.36	17	\$34.214 \$5,930.42 \$71,165.04
\$37.635 \$6,115.72 \$73,388.64	18	\$37.635 \$6,523.40 \$78,280.80
\$41.399 \$6,727.34 \$80,728.08	19	\$41.399 \$7,175.84 \$86,110.08
\$45.541 \$7,400.42 \$88,805.04	20	\$45.541 \$7,893.76 \$94,725.12
\$50.094 \$8,140.28 \$97,683.36	21	\$50.094 \$8,682.96 \$104,195.52
\$55.102 \$8,954.08 \$107,448.96	22	\$55.102 \$9,551.04 \$114,612.48

Health Insurance Grievance Committee

Effective immediately, results of grievances filed through the Grievance Committee will no longer be relayed to Coordinators or Members via telephone or electronic mail. Results from grievance hearings will be mailed to the member at his/her home and a copy of the grievance results will be mailed to the appropriate Health Insurance Coordinator. Due to the confidential nature of grievances that are filed, this is necessary to prevent important details relating to members being released.

EFT Creation and Run Dates

List of Creation and Run Dates for EFT Prenotification Tapes and Datasets

Create Date (AM)	Dataset Name to Create	Date Run thru PERPAY1 (PM)
January 14, 2002	PER.PRENOTE1.DATA	January 29, 2002
January 29, 2002	PER.PRENOTE2.DATA	February 14, 2002
February 14, 2002	PER.PRENOTE1.DATA	February 27, 2002
February 27, 2002	PER.PRENOTE2.DATA	March 14, 2002
March 14, 2002	PER.PRENOTE1.DATA	March 28, 2002
March 28, 2002	PER.PRENOTE2.DATA	April 12, 2002
April 12, 2002	PER.PRENOTE1.DATA	April 29, 2002
April 29, 2002	PER.PRENOTE2.DATA	May 14, 2002
May 14, 2002	PER.PRENOTE1.DATA	May 29, 2002
May 29, 2002	PER.PRENOTE2.DATA	June 13, 2002
June 13, 2002	PER.PRENOTE1.DATA	June 27, 2002
June 27, 2002	PER.PRENOTE2.DATA	July 12, 2002
July 12, 2002	PER.PRENOTE1.DATA	July 29, 2002
July 29, 2002	PER.PRENOTE2.DATA	August 14, 2002
August 14, 2002	PER.PRENOTE1.DATA	August 29, 2002
August 29, 2002	PER.PRENOTE2.DATA	September 12, 2002
September 12, 2002	PER.PRENOTE1.DATA	September 27, 2002
September 27, 2002	PER.PRENOTE2.DATA	October 14, 2002
October 14, 2002	PER.PRENOTE1.DATA	October 29, 2002
October 29, 2002	PER.PRENOTE2.DATA	November 14, 2002
November 14, 2002	PER.PRENOTE1.DATA	November 26, 2002
November 26, 2002	PER.PRENOTE2.DATA	December 12, 2002
December 12, 2002	PER.PRENOTE1.DATA	December 20, 2002
December 20, 2002	PER.PRENOTE2.DATA	January 29, 2003



DEPENDENT DAY CARE SPENDING ACCOUNT

Commonwealth of Kentucky
**COMMONWEALTH CHOICE
CHANGE IN STATUS FORM**

NAME	SS#	-	-
STREET			
CITY	STATE	ZIP	
STATE AGENCY	DAYTIME PHONE () -		

Please indicate the type of status change incurred:

- | | |
|--|---|
| <input type="checkbox"/> Birth, adoption, placement for adoption | <input type="checkbox"/> Dependent satisfies, or ceases to satisfy, eligibility status under the plan |
| <input type="checkbox"/> Marriage | <input type="checkbox"/> Change in residence or work site |
| <input type="checkbox"/> Divorce, legal separation, annulment | <input type="checkbox"/> Employment status change for employee, spouse, dependent |
| <input type="checkbox"/> Death of employee, spouse, dependent | <input type="checkbox"/> Dependent Day Care cost Increases/Decreases (must meet appropriate criteria) |

This is to certify that on _____ (Date of Event), I incurred the status change(s) checked above, and therefore wish to change my plan benefits as indicated below. I understand that the change request must be consistent with the change in status change event.

I request a change in my "per check deduction"

from \$ _____ to \$ _____

Effective Date

Employee Signature

Date

NOTE: The IRS allows only the above family status changes, and it requires that you maintain legal documentation of the changes in your personnel records. Examples of documentation include: marriage, birth or death certificates; divorce decree; notice of legal separation, proof of change in spouses' employment; adoption papers; letter from Daycare or property deed.

Date Approved:

Approved by

Coordinator Signature



HEALTHCARE SPENDING ACCOUNT

Commonwealth of Kentucky COMMONWEALTH CHOICE CHANGE IN STATUS FORM

NAME	SS#	-	-
STREET			
CITY	STATE	ZIP	
STATE AGENCY	DAYTIME PHONE () -		

Please indicate the type of status change incurred:	
<input type="checkbox"/> Birth, adoption, placement for adoption	<input type="checkbox"/> Dependent satisfies, or ceases to satisfy, eligibility status under the plan
<input type="checkbox"/> Marriage	<input type="checkbox"/> Change in residence or work site
<input type="checkbox"/> Divorce, legal separation, annulment	<input type="checkbox"/> Employment status change for employee, spouse, dependent
<input type="checkbox"/> Death of employee, spouse, dependent	<input type="checkbox"/> Judgment, decree, order (including qualified Medical child support order)
<input type="checkbox"/> Entitlement to Medicare or Medicaid of Employee, spouse, dependent	<input type="checkbox"/> HIPAA special enrollment right event

This is to certify that on _____ (Date of Event), I incurred the status change(s) checked above, and therefore wish to change my plan benefits as indicated below. I understand that the change request must be consistent with the change in status change event.

I request a change in my "per check deduction"

from \$ _____ to \$ _____ employee money

from \$ _____ to \$ _____ employer money

--

Effective Date

Employee Signature

Date

NOTE: The IRS Allows only the above family status changes, and it require That you maintain legal documentation of the changes in your personnel Records. Examples of documentation include: marriage, birth or death Certificates; divorce decree; notice of legal separation, proof of change in Spouses' employment; adoption papers; or property deed.

Coordinator Signature

Date Approved:

Approved by:

Called HDR _____ date

Claims paid year to date \$ _____